

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4784ASC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/27/2008
NAME OF PROVIDER OR SUPPLIER DURANGO OUTPATIENT SURGERY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 8530 WEST SUNSET ROAD LAS VEGAS, NV 89113		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 00	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of an initial state licensure construction standards survey conducted in your facility on August 12, 2008 through August 27, 2008.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Surgical Centers for Ambulatory Patients, adopted by the Nevada State Board of Health on September 27, 1999.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	A 00		
A236	<p>NAC 499.9843.1 Construction Compliance</p> <p>NAC 449.9843 Compliance with standards of construction:</p> <p>1. An ambulatory surgical center shall comply with the provisions of the NFPA 99: Standard for Health Care Facilities concerning medical gases, adopted by reference pursuant to section 1 of this regulation, and the provisions of NFPA 101: Life Safety Code, adopted by reference pursuant to section 1 of this regulation.</p> <p>2. Any new construction, remodeling or change in the use of an ambulatory surgery center must comply with Guidelines for Design and Construction of Hospital and Health Care Facilities, adopted by reference pursuant to section 1 of this regulation, unless the remodeling</p>	A236		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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A236	<p>Continued From page 1</p> <p>is limited to refurbishing an area within the center, including, without limitation, painting the area, replacing flooring in the area, repairing windows in the area and replacing window or wall coverings in the area.</p> <p>This Regulation is not met as evidenced by: The facility was surveyed under the 2001 edition of the American Institute of Architects (AIA), Guideline for the Design and Construction of Hospitals and Healthcare Facilities.</p> <p>This REG is not met as evidenced by:</p> <p>Section 9.5.A General provisions</p> <p>Based on observation, the facility failed to ensure that signs were provided at all entrances to restricted areas and shall clearly indicate the surgical attire required.</p> <p>Findings include:</p> <p>The areas designated as restricted areas, requiring surgical attire, did not contained signs or other clearly visible warnings to indicate that these were designated as restricted status and required surgical attire to enter.</p>	A236			

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